

Red Wing High School
Night School Credit Recovery Program Application

Full Name _____ Grade 2023-24 _____
MARSS ID Number (office only): _____ Date of Birth: _____
Gender: _____ Ethnicity: _____
Parent/Guardian Name: _____
Parent/Guardian Email: _____
Student Address _____
Telephone: (H) _____ (C) _____ (W) _____

Indicators of Need (check all that apply):

- _____ performs substantially below the performance level for his/her grade level (GRAD test)
- _____ is at least one year behind in credits/standards required for graduation
- _____ is pregnant or a parent
- _____ has been assessed as chemically dependent
- _____ has been suspended or expelled
- _____ is a victim of physical or sexual abuse
- _____ has experienced mental health issues
- _____ has experienced homelessness
- _____ speaks English as a second language
- _____ has withdrawn from school or is chronically truant
- _____ has been recommended for ALC enrollment by the school district. (Must check one below)
 - _____ failed a class
 - _____ failed a Minnesota Comprehensive Assessment Test

I understand that this authorization will allow the district to enroll my son/daughter in the Red Wing Area Learning Center program. I agree with the learning goals set for my son/daughter.

Student Signature Date

Parent Signature Date

To Be Completed by RWHS Counselors: *Please attach a current transcript Registering for the following class(es):	
Course Name _____	Number _____
Course Name _____	Number _____
Special Education Services ___Yes___No	504 Accommodation Services ___Yes___No

Counselor Signature: _____ Date Returned: _____

Return completed form to: Red Wing High School Counseling & Records Office, 2451 Eagle Ridge Drive, Red Wing, Minnesota 55066.

THIS FORM MUST BE TURNED IN AT THE TIME OF REGISTRATION. NO CLASSES WILL BE ASSIGNED UNTIL ALL PAPERWORK IS COMPLETE!

Student/Parent Consent

I understand the expectations set forth by the Night School Program. I will abide by the policies and expectations set forth in this guideline. I understand that failure to comply with these expectations may result in dismissal from the program.

Parent/Guardian Signature: _____ Phone # _____

Student Name: (Please Print) _____ Grade: _____

Student Signature: _____ Date: _____

The Student/Parent Consent Form and Application must be signed and returned to their counselor. *Applications must be received by the Friday before they begin night school.*